

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

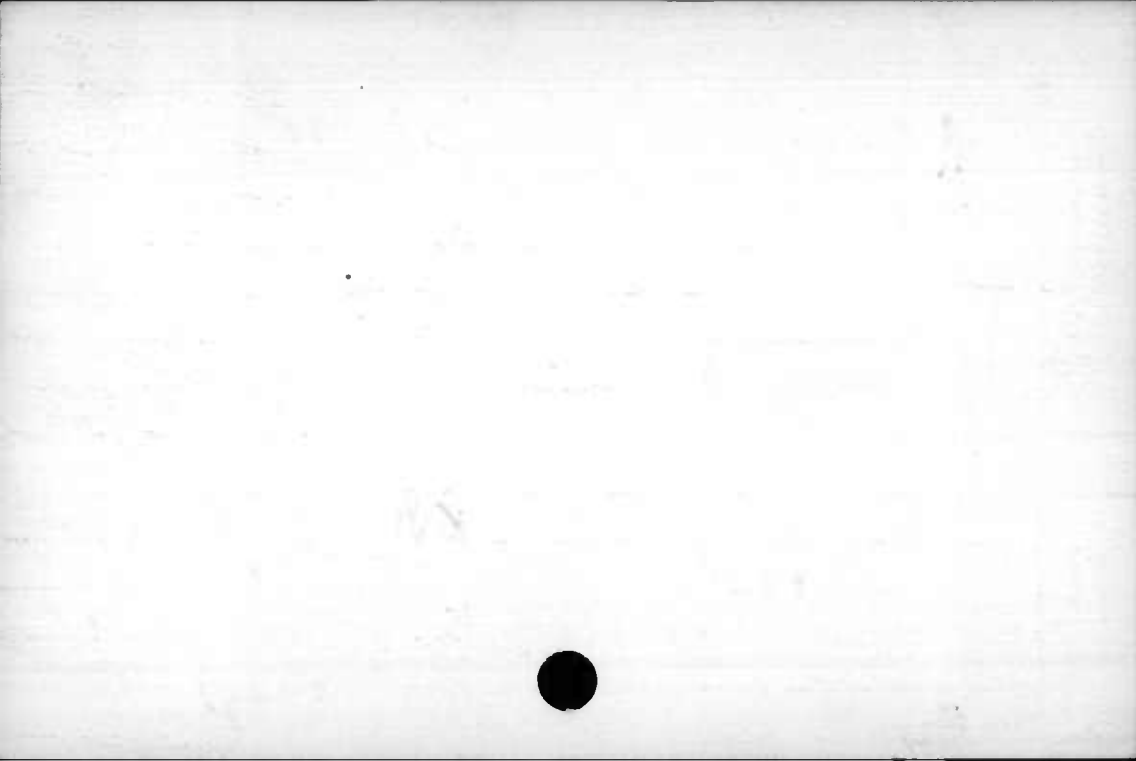
Died at *near Salisbury* TownCounty *Wicomico*Date of death *1905* *Nov* *15* Month DayAge *81* *10* Months *5* DaysSex *Male*Color or Race *Colored*Birth-place *Md*Occupation *Farmer*

Where Residing if not at place of death

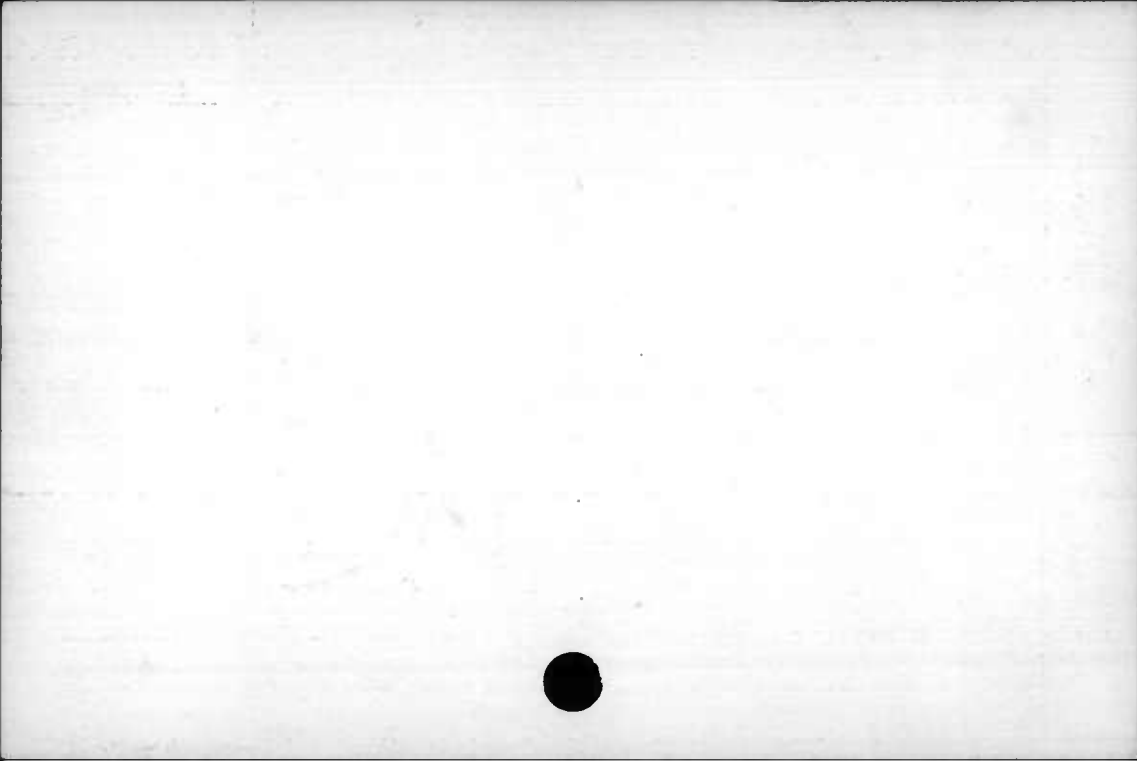
Married, ~~Single~~ or ~~Widowed~~Name of Wife or Husband *Charlotte Bell*Father's Name *Henry Long*Father's Birthplace *Md*Mother's Maiden Name *Lucy Bell*Mother's Birthplace *Md*Name of person giving information *Annie Washell*How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Consumption* ☒How long *5 yrs*Immediate *no further*How long *5 months*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *D. C. Hallam, M.D.*Address *Salisbury Md*Accident or Suicide? *no**Amputation*



Name in Full		CERTIFICATE OF DEATH			
William B. Causey		Town Fruitland		County Wicomico	
Died at		MARYLAND			
Date of death		Month 1905	Day March	Age 30th	Years 66
Sex Male		Color or Race White		Months —	Days —
Occupation Retired Farmer		Where Residing if not at place of death at Fruitland		Birth-place Wicomico Co. Md.	
Married, Single or Widowed Married		Name of Wife or Husband			
Father's Name Josiah Causey		Father's Birthplace Worcester Co. Md.			
Mother's Maiden Name Sallie Butler		Mother's Birthplace " "			
Name of person giving information James Causey		How related to deceased Brother			
CAUSES OF DEATH					
Primary Valvular Heart		How long 19 years			
Immediate Heart Disease		How long —			
Are the name, age, sex, color, date and place correctly given above? y 20		Signature of Physician Geo. W. Todd			
		Address Salisbury Md.			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

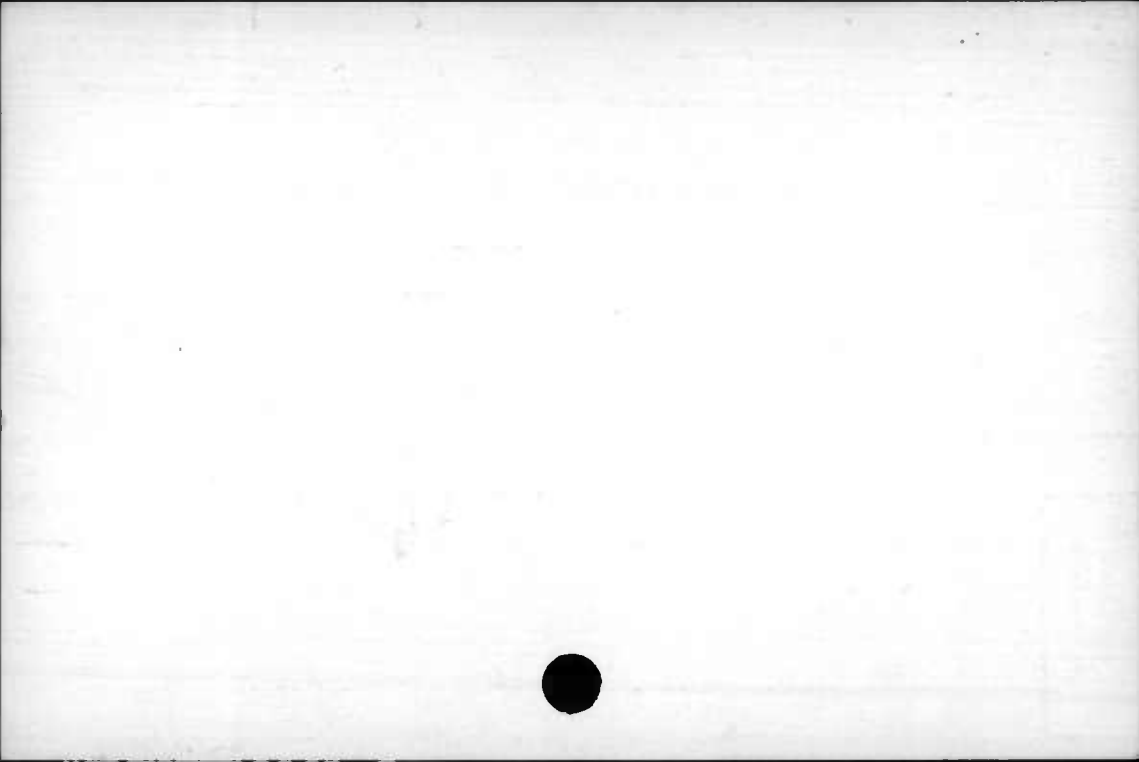
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name <i>John Crawford</i>		Town <i>Quantico</i>		County <i>Wicomico</i>	
Died at <i>Quantico</i>		Month <i>March</i>		Day <i>17</i>	
Date of death <i>1905</i>		Age <i>2</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Quantico</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Quantico</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Samuel Crawford</i>		Father's Birthplace <i>Quantico</i>			
Mother's Maiden Name <i>Lillian Stewart</i>		Mother's Birthplace <i>Quantico</i>			
Name of person giving information <i>Samuel Crawford</i>		How related to deceased <i>3 weeks</i>			

CAUSES OF DEATH

Primary	<i>Whooping Cough</i>	How long	<i>8</i>
Immediate		How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm H B Dashiell</i>	
		Address <i>Quantico Md</i>	
Accident or Suicide?			



Name
in
Full

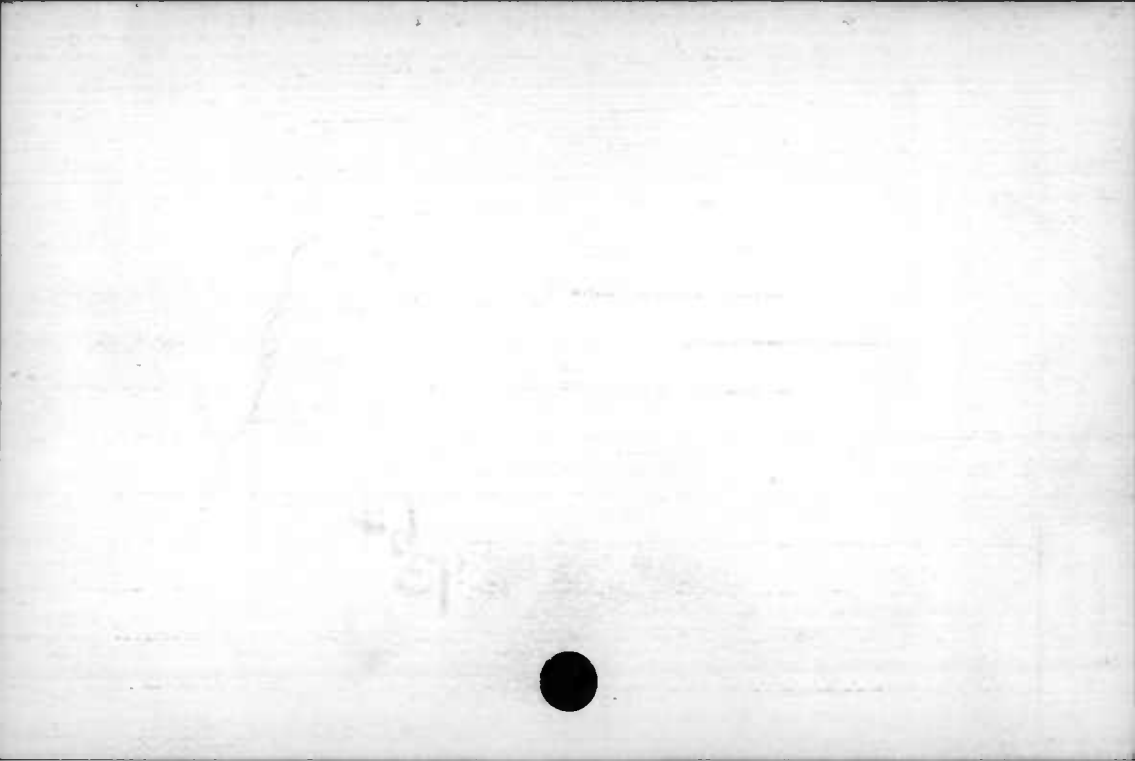
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>		Month <i>Mar</i>		Day <i>22</i>		Age <i>73</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>millar</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mary M Trooks</i>					
Father's Name <i>William Trooks</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Brown</i>		Mother's Birthplace <i>11</i>					
Name of person giving information <i>Albert Trooks</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

Primary <i>Arterio-sclerosis</i>	How long <i>64</i>	Several years
Immediate <i>Cerebral hemorrhage</i>	How long <i>Instantaneous</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J M Ayerich</i>	
	Address <i>Salisbury, Md</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

Archibald Parsons

CERTIFICATE OF DEATH

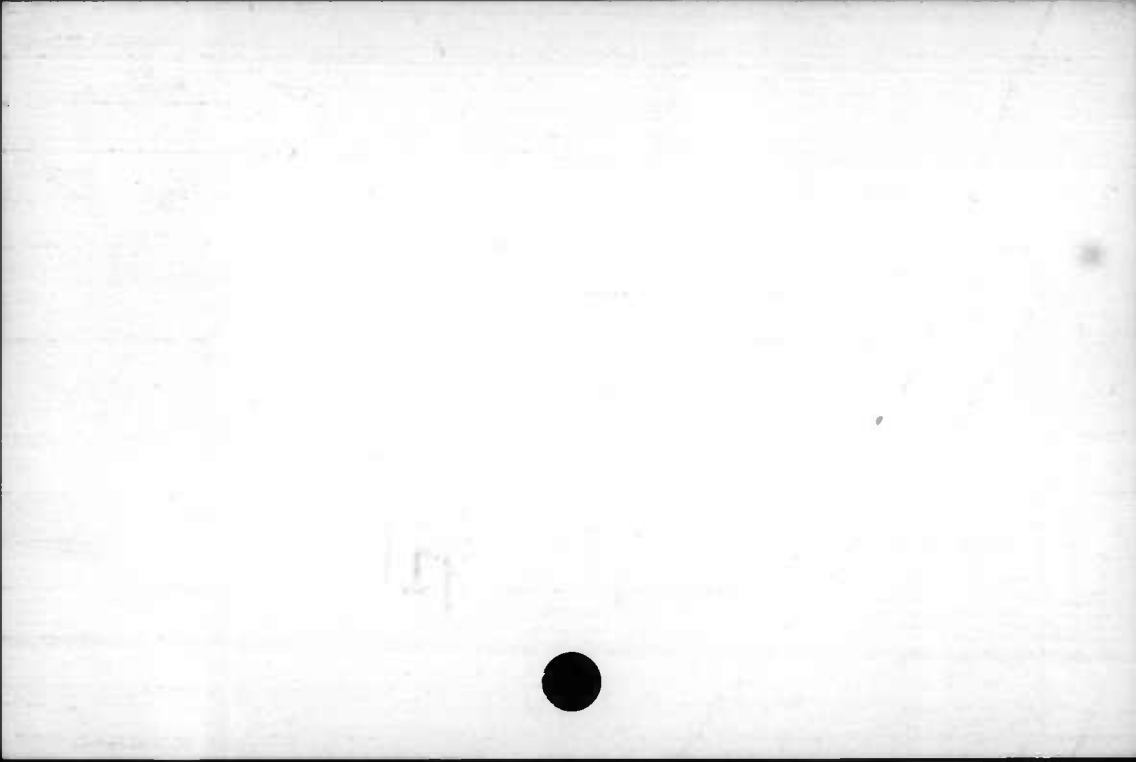
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Parsonsbury		County Wicomico		MARYLAND	
Date of death	1905	Month Mch	Day 10th	Age	26	Months	Days
Sex	Male		Color or Race	White		Birth place	Wicomico Co. Md.
Occupation	none			Where Residing if not at place of death		at Parsonsbury	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm. F. Parsons					Father's Birthplace	Maryland
Mother's Maiden Name	Nancy Dennis					Mother's Birthplace	"
Name of person giving In formation	Granville F. Parsons					How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pleurisy and Pneumonia	How long	one week
Immediate	Exhaustion	How long	3 Days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Geo. H. Spruitt
		Address	Parsonsbury Md Wicomico Co
Accident or Suicide?			



Name
in
Full

Hannah L. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Salisbury		County Wicomico			
Date of death		1903	Month Nch.	Day 16	Age 59	Years	Months Days
Sex Female		Color or Race Black		Birth-place Salisbury Md.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Leonard Parsons					
Father's Name Jesse White		Father's Birthplace Salisbury Md.					
Mother's Maiden Name Millie White		Mother's Birthplace " "					
Name of person giving information Sydney Wilson		How related to deceased Daughter					

CAUSES OF DEATH

Primary	Bronchial Asthma & Bronchitis	How long	Second Year
Immediate	Bronchial Congestion	How long	A week or so

Are the name, age, sex, color, date and place correctly given above?

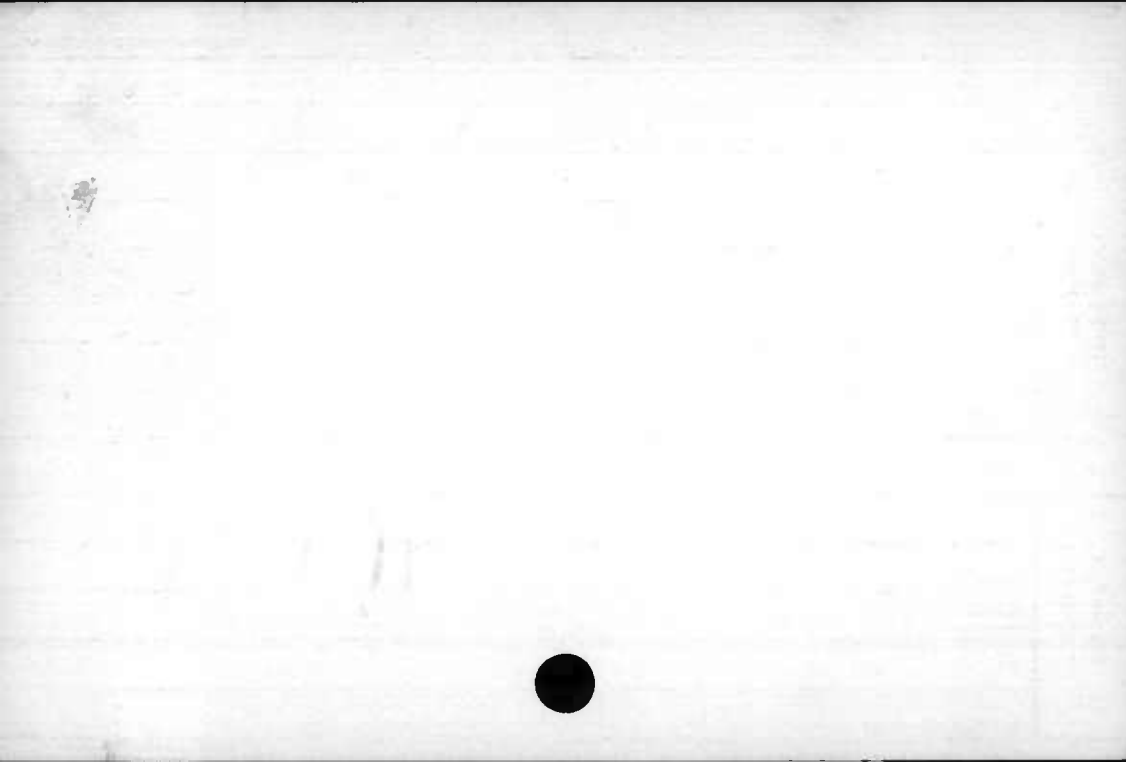
Yes.

Signature of Physician

Address

Accident or Suicide?

No



Name in Full		Infant no name				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation			Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
						Address		
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

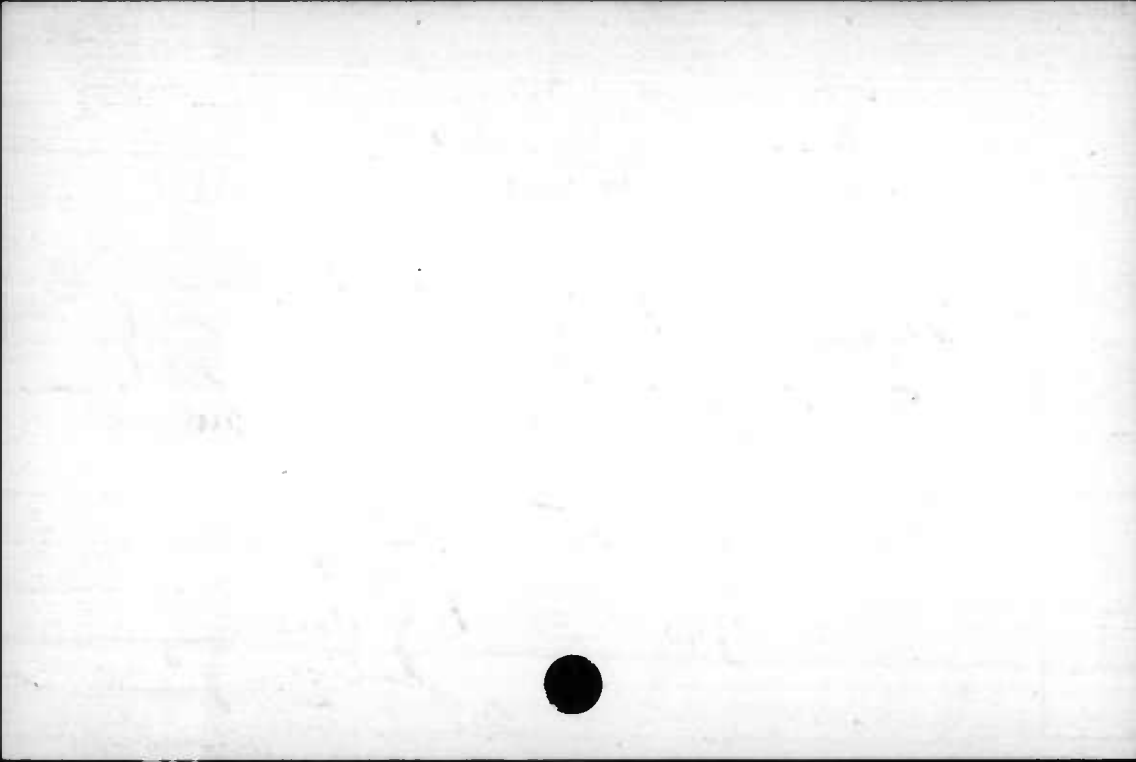
Name *Sarah Rider*
Town *Royal Oak* County *Wicomico*
Died at
Date of death *1905* Month *March* Day *18* Age *5* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Royal Oak*
Occupation *None* Where Residing if not at place of death *Royal Oak*
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *Chas Rider* Father's Birthplace *Quantico*
Mother's Maiden Name *Julia Gale* Mother's Birthplace *Quantico*
Name of person giving information *Chas Gale* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping Cough* How long *8*
Immediate *4 weeks*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Wm H K Drushie*
Address *Quantico Md*
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

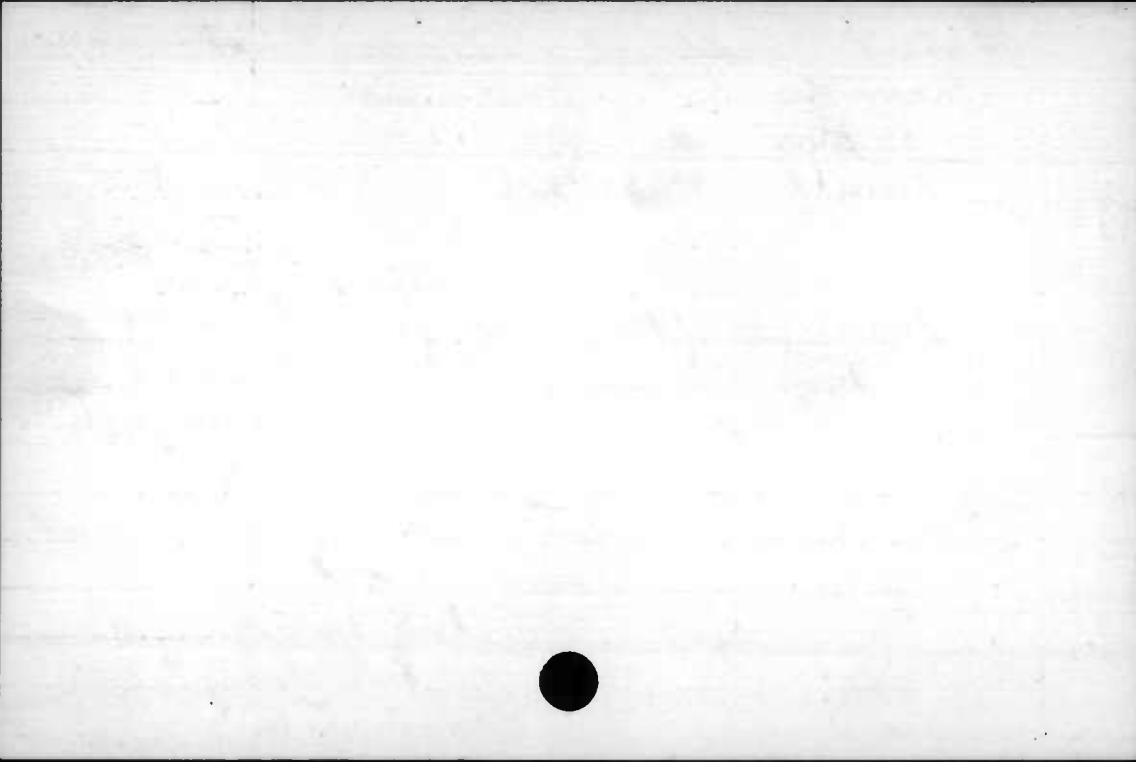
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jimmie Taylor</i>		Town <i>near Salisbury</i>		County <i>Wicomico</i>		STATE <i>MARYLAND</i>	
Died at <i>near Salisbury</i>		Month <i>Mar</i>		Day <i>14</i>		Age <i>52</i>	
Date of death <i>1905</i>		Years <i>52</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i> Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Samuel Taylor</i>					
Father's Name <i>Thomas Elitch</i>		Father's Birthplace <i> Md</i>					
Mother's Maiden Name <i>Eliza Pollitt</i>		Mother's Birthplace <i> Md</i>					
Name of person giving information <i>Wm & Marie</i>		How related to deceased <i>marriage</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer in Stomach</i>	How long <i>one year</i>
Immediate	How long <i>40</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B E Hallenay & Co</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>no</i>	<i>Undertaker</i>



Name
in
Full

CERTIFICATE OF DEATH

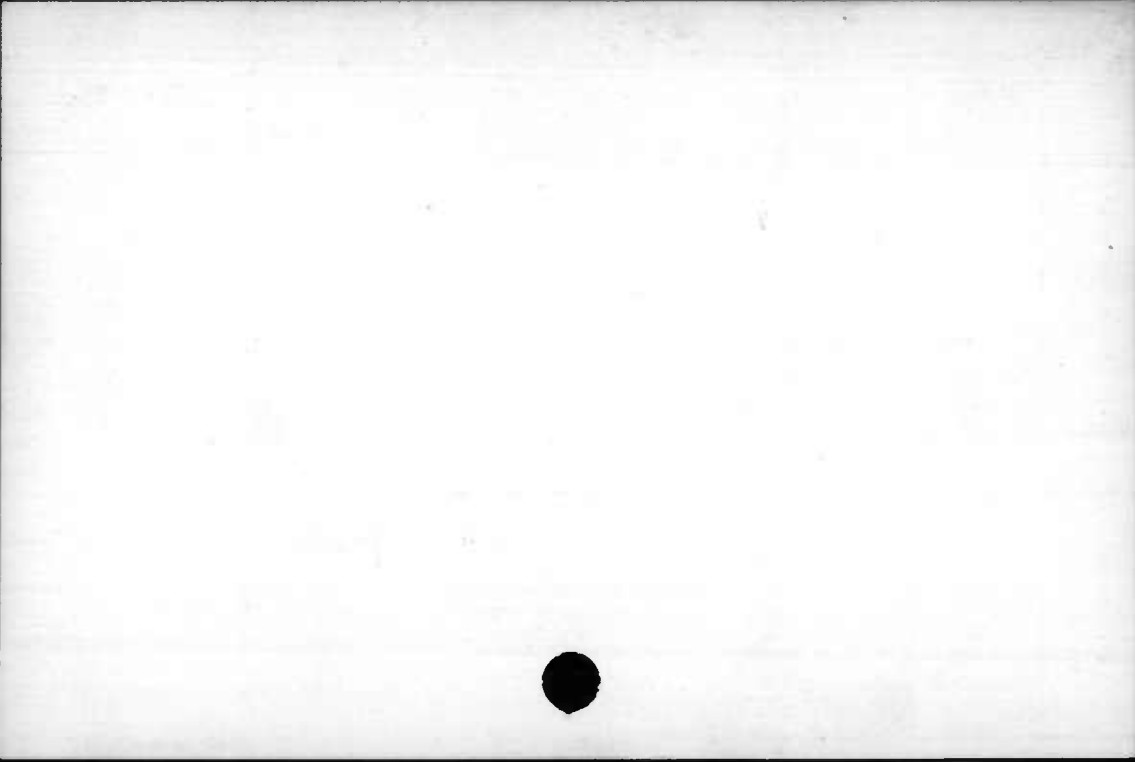
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Robert Twillen</i>		Town <i>Quantico</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Quantico</i>		Month <i>March</i>		Day <i>20</i>		Years <i>81</i>	
Date of death <i>1905</i>		Month <i>March</i>		Day <i>20</i>		Age <i>81</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Spring Barren Creek</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Quantico</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Maria Twillen</i>					
Father's Name <i>John Twillen</i>		Father's Birthplace <i>B. C. Springs</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>W. A. H. Dashiell</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Kidney Trouble</i>	How long <i>12 months</i>
Immediate <i>Heart-failure</i>	How long <i>12 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm H H Dashiell</i>
	Address <i>Quantico Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

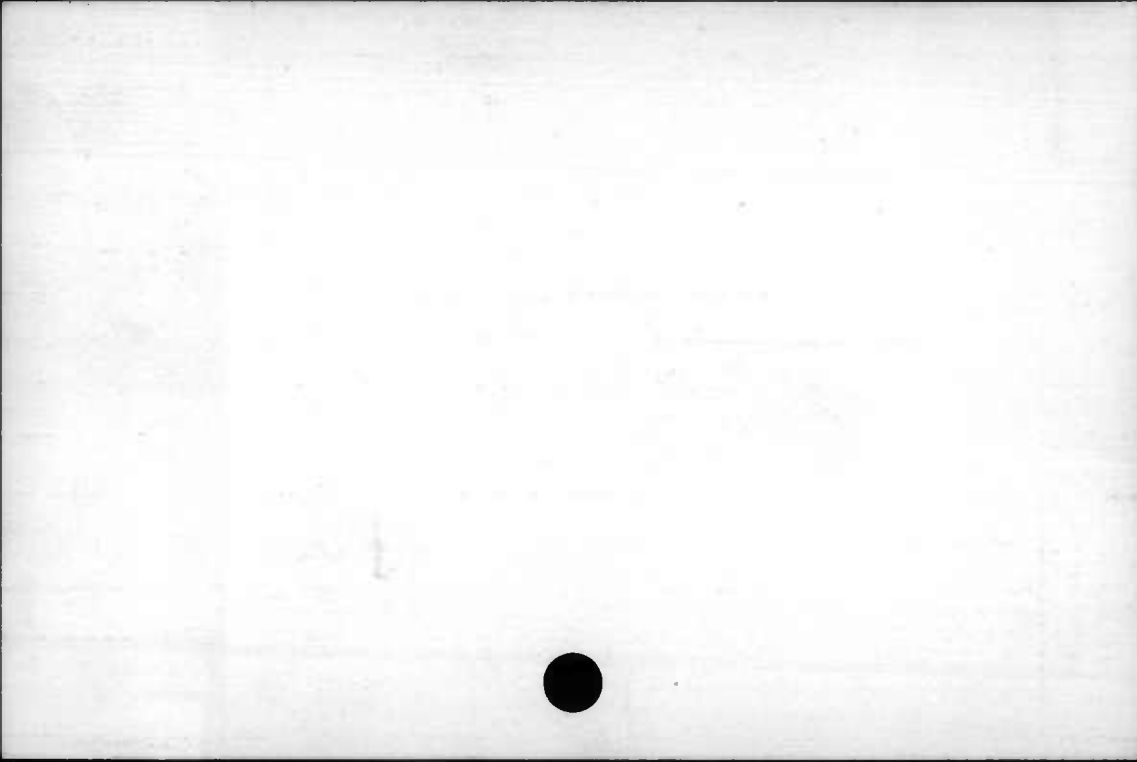
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Anne Maria White</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>March</i>		Day <i>Eleventh</i>		Age <i>74</i>	
Date of death <i>1905</i>		Months <i>1</i>		Years		Days	
Sex <i>female</i>		Color or Race <i>Black</i>		Birthplace <i>Salisbury, Md.</i>			
Occupation <i>cook</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Dennard Pollitt.</i>		Father's Birthplace <i>Salisbury</i>					
Mother's Maiden Name <i>Sylvia Pollitt.</i>		Mother's Birthplace <i>Salisbury</i>					
Name of person giving information <i>E. Stanley Trovini</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>arterio-sclerosis</i>	How long <i>several years</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Smith</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Grover C. Yow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Salisbury		Wisconsin		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1905	March	21	Age 19	6	17		
Sex	male		Color or Race	white		Birth-place	ala-
Married, Single or Widowed	Single		Occupation	Farmer			
Name of Wife or Husband							
Father's Name	Eli Yow				Father's Birthplace	n.c.	
Mother's Maiden Name	Elizabeth Cresswell				Mother's Birthplace	ala.	
Name of person giving information	Jennie Yow				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	9 days
Immediate	Cold/apse	How long	few hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	93 Geo. W. Todd
		Address	Salisbury Md
Accident or Suicide?			

